

CERTIFICATE OF MAILING VIA EXPRESS MAIL

SUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE KNOWLEDGE AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE," ON THE DATE INDICATED BELOW, AND IS ADDRESSED TO:

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JULY 19, 2004

PAUL N. KATZ

REG. NO. 35,917

07/19/2004
DATE OF MAILING

EV449865900US
EXPRESS MAIL LABEL

U.S.S.N.: 09/870,944
FILING DATE: JUNE 1, 2001
APPLICANT: MICHAEL I. CATHERWOOD
GROUP ART UNIT: 2124
EXAMINER: CHAT C. DO
ATTORNEY DOCKET NO. 068354.1443
TITLE: "SHADOW REGISTER ARRAY CONTROL INSTRUCTIONS"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. RESPONSE TO NON-FINAL OFFICE ACTION, MAILED APRIL 30, 2004;
2. PTO/SB/17 FEE TRANSMITTAL WITH DUPLICATE COPY FOR FEE PROCESSING;
3. CHECK NO. 894363 IN THE AMOUNT OF \$180.00 FOR SUBMISSION OF INFORMATION DISCLOSURE STATEMENT;
4. INFORMATION DISCLOSURE STATEMENT TRANSMITTAL LETTER AND PTO-1449 INFORMATION DISCLOSURE CITATION (WITH COPIES OF 137 CITED U.S. PATENTS, 2 CITED FOREIGN PATENTS; AND 3 CITED ARTICLES ON CD);
5. CHANGE OF CORRESPONDENCE ADDRESS;
6. REVOCATION OF POWER OF ATTORNEY AND APPCINTMENT OF NEW ATTORNEYS; AND
7. RETURN POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE ITEMS.

ATTORNEY CONTACT:

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REG. NO. 35,917
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PTO CUSTOMER NUMBER: 023640

EV 449865900 US

Mailing Label
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope	
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>	
Date In	Postage		
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	
Time In	Military		
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee
lbs. ozs.			
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$	

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if signature is waived. If signature is requested, I wish delivery to be made without obtaining signature of recipient or addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

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713 229 1234

PHONE

✓ 4517, Paul N. Katz
 BAKER BOTTS LLP
 ONE SHELL PLAZA
 910 LOUISIANA ST.
 HOUSTON

TX 77002-4914

L 068354.1443

TO: (PLEASE PRINT)

800 786 9199

PHONE

MAIL STOP *Amendment*
 COMMISSIONER FOR PATENTS
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VA 22313-1450

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